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IN THE UNITED STATES PATENT AND TRADEMARK OFFICEINFORMATION DISCLOSURE STATEMENT TRANSMITTAL

In re Application of: Kenneth M. Riff

For: AGGREGATION PATIENT INFORMATION FOR USE IN MEDICAL DEVICE PROGRAMMING  
 Serial No.: 10/675,691  
 Filed: September 30, 2003



**CERTIFICATE OF MAILING UNDER 37 CFR 1.8:** I hereby certify that this **INFORMATION DISCLOSURE STATEMENT** and the paper(s), as described herein, are being deposited in the U.S. Postal Service, as first class mail, addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 16<sup>th</sup> day of March, 2005.

Molly Chlebeck  
 Signature  
MOLLY CHLEBECK  
 Printed Name

**Mail Stop Amendment**  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

- Information Disclosure Statement  
 PTO FORM 1449  
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**FEE CALCULATION**

- \$ 00.00 Pursuant to 37 CFR §1.97(b) (before mailing of first Office Action)  
 \$ 00.00 Pursuant to 37 CFR §1.97(c) with Certification (cited in foreign application not more than 3 months earlier)  
 \$ 00.00 Pursuant to 37 CFR §1.97(e) with Certification  
 \$180.00 Pursuant to 37 CFR §1.97(c) without Certification  
 \$180.00 Pursuant to 37 CFR §1.97(d) with Certification
- Applicant hereby petitions for a      months' extension of time. If an additional extension of time is required, please consider this petition therefor.
- Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefor to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time.
- Please charge any additional fees or credits to Deposit Account No. 13-2546 which may have been overlooked with regard to this filing. A duplicate of this transmittal is enclosed.

Date

3/15/05

Daniel G. Chapik  
 Reg. No. 43,424  
 Telephone: (763) 514-3066  
 Customer No. 27581

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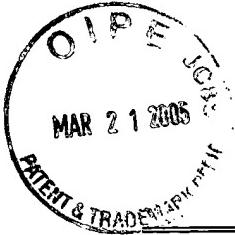
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Daniel G. Chapik  
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PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Kenneth M. Riff ) Art Unit: 2171  
Serial No.: 10/675,691 )  
Filed: September 30, 2003 ) Examiner: Unknown  
                            ) Docket: P-11279.00

Conf No: 6170

For: AGGREGATING PATIENT INFORMATION FOR USE IN MEDICAL DEVICE  
PROGRAMMING

**INFORMATION DISCLOSURE STATEMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In compliance with the duty imposed by 37 C.F.R. § 1.56, and in accordance with C.F.R. §§ 1.97 *et. seq.*, the materials enclosed herewith are brought to the attention of the Examiner as possibly being of interest in connection with the above-identified patent application.

Consideration of each of the documents listed on the attached Form 1449 is respectfully requested. Pursuant to the provisions of M.P.E.P. §609, Applicant further requests that a copy of the Form 1449, marked as being considered and initialed by the Examiner, be returned with the next Official Communication.

Respectfully submitted,

Date: 3/15/05

By:

  
\_\_\_\_\_  
Daniel G. Chapik  
Reg. No. 43,424  
Telephone: (763) 514-3066  
Customer No. 27581



Please type a plus sign (+) inside this box →

PTO/SB/08A (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Substitute for form 1449A/PTO				<i>Complete if Known</i>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(use as many sheets as necessary)</i>				<b>Application Number</b>	10/675,691
				<b>Filing Date</b>	September 30, 2003
				<b>First Named Inventor</b>	Kenneth M. Riff
				<b>Group Art Unit</b>	2171
				<b>Examiner Name</b>	Unknown
Sheet	1	of	1	Attorney Docket Number	P11279.00

## **U.S. PATENT DOCUMENTS**

## **FOREIGN PATENT DOCUMENTS**

#### **OTHER PRIOR ART – NON PATENT LITERATURE DOCUMENTS**

Examiner Initials*	Cite <sup>1</sup> No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>

<b>Examiner Signature</b>		<b>Date Considered</b>	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw Line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

<sup>1</sup> Unique citation designation number.

<sup>2</sup> See attached Kinds of U.S. Patent Documents.

<sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard St.3).

For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document.

**5 Kind of document by the appropriate symbol as indicated on the document under WIPO Standard ST. 16 if possible.**

**6** Applicant is to place a check mark here if English language Translation is attached.

**1 Unique citation designation number.**

<sup>2</sup> Applicant is to place a check mark here if English language translation is attached.